



Rockingham County Department of Health and Human Services

Environmental Health Section
371 NC HWY 65 ~ P.O. Box 204
Wentworth, NC 27375 – 0204
Phone (336) 342-8130
Fax (336) 342-8245

TEMPORARY FOOD ESTABLISHMENT APPLICATION

Please print or type the information requested below and return completed application by mail or fax to Environmental Health. Each food vendor must complete the **Temporary Food Establishment Application** and submit it to Environmental Health at least 15 calendar days before the event per 15A NCAC 18A .2665(d). For more information, please call (336)342-8130.

1. NAME OF EVENT: _____

Name of Event Organizer: _____

Mailing Address for Event/Event Organizer: _____

Phone Numbers for Event Organizer: _____

Email Address for Event/Event Organizer: _____

Location/Address of Event: _____

Date(s) of Event: Starts on _____ (MM/DD/YY) at _____ time

Ends on _____ (MM/DD/YY) at _____ time

Type of Event (Circle): Festival Fair Carnival Public Exhibition Other _____

2. NAME OF APPLICANT/FOOD BUSINESS: _____

Mailing Address: _____

Phone Numbers: Business: _____ Mobile: _____ Home: _____

Email Address: _____

3. LAST FESTIVAL/EVENT YOU WERE PERMITTED AT:

a. NAME _____

b. LOCATION _____

4. ARE YOU A NONPROFIT ORGANIZATION?

YES - A permit will not be required for your operation if your organization has not operated as a food vendor prior to this event this month. **MUST** Attach a copy of the exemption letter from the North Carolina Department of Revenue or the Internal Revenue Service, or a letter from the candidate or political action committee authorizing you to act in this capacity along with the information requested above.

NO - A permit is required for your operation. **Complete the rest of the application and submit along with the \$75 permit fee.**

5. WHAT TIME WILL YOUR BOOTH BE READY FOR INSPECTION: _____ A.M. P.M.

(NOTE: This is the time you plan to be ready for the Health Department Inspection. This time should be at least 1 hour prior to the start of the event.)

No foods can be prepared and/or offered for sale or sample until the permit is issued by the Health Department. Any food prepared before a permit is issued or off site at an unapproved location will have to be discarded before a permit to operate will be issued.

6. ALL FOOD AND BEVERAGE MUST BE PREPARED ON-SITE, IN A PERMITTED FOOD SERVICE ESTABLISHMENT OR A PERMITTED TEMPORARY FOOD ESTABLISHMENT COMMISSARY (NOT A DOMESTIC KITCHEN).

Will you prepare any food at an off-site location? YES NO

If yes, is this site a: permitted food service establishment YES NO

temporary food establishment commissary (a separate permit is required) YES NO

If using a permitted food service establishment, provide the name and address of the establishment, the dates and times it will be used, and the name and telephone number of the person who authorized you to use the establishment.

Permitted Food Establishment Name: _____

Address: _____

Date and Time of advance preparation: _____

Approval to use granted by: _____ **Telephone:** _____

7. INDICATE THE DISTANCE AND TIME YOU WILL TRAVEL TO THE FESTIVAL SITE

Distance: _____ Time: _____

8. HOW WILL THE FOOD TEMPERATURES BE MAINTAINED DURING TRANSPORTATION?

Ice Chests

Mechanical Refrigeration

Cambro Units/Hot holding cabinets

Other _____

9. WHAT EQUIPMENT WILL BE USED AT THE EVENT FOR:

- a. Cold Holding: ☐ Ice ☐ Refrigerator/Freezer
☐ Other _____
- b. Hot Holding: ☐ Steam Table ☐ Grill ☐ Hot Holding Cabinet
☐ Hot Plates ☐ Crock Pot ☐ Other _____
- c. Cooking/Reheating: ☐ Grill ☐ Oven ☐ Stove ☐ Microwave
☐ Crock Pot ☐ Hot Plates ☐ Steam Table ☐ Fryer
☐ Other _____

- 10. WATER SOURCE:** ☐ On-site Municipal Supply ☐ On-site Well
☐ Providing your own (water must be from an approved source)

If providing your own, what is the source of your water supply? _____

11. ELECTRICITY (check all that apply):

- ☐ There is access to electricity on site.
☐ Using a generator on site.
☐ There will be no electricity supplied on site.

12. LIQUID WASTE / GREASE DISPOSAL METHOD:

- ☐ There will be liquid waste containers / receptacles on site.
☐ You will collect and remove your own liquid waste.

If removing your own liquid waste, where will you dispose of it? _____

13. GARBAGE DISPOSAL METHOD:

- ☐ There will be garbage containers / receptacles on site.
☐ You will collect and remove your own garbage

14. TOILET FACILITIES PROVIDED:

- ☐ Public Restrooms ☐ Portable Toilets ☐ Other _____

15. HANDWASHING FACILITIES:

- ☐ Plumbed Sink ☐ Gravity Flow ☐ Other _____

16. PROTECTION FROM THE PUBLIC, DUST & INSECTS (check all that apply):

- ☐ Screens ☐ Fans ☐ Tent ☐ Sneeze Guards

17. INDICATE ALL FOODS TO BE SERVED ON THE "FOODS BEING SERVED AND METHODS OF PREPARATION" PAGE AND ATTACH TO THIS APPLICATION. ALSO, BE PREPARED TO SHOW INVOICE OR BILL OF SALE FOR ITEMS SUCH AS COLE SLAW, RIBS, ETC TO THE HEALTH INSPECTOR BEFORE RECEIVING A PERMIT.

18. STATEMENT FROM APPLICANT: I CERTIFY THE INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE. I UNDERSTAND THE ROCKINGHAM COUNTY HEALTH DEPARTMENT DOES NOT PROVIDE VERBAL APPROVAL OF PLANS OR FOR DEVIATION FROM APPROVED PLANS, AND THAT ANY DEVIATION FROM THE PLANS AND PROCEDURES IN THIS APPLICATION WITHOUT PRIOR WRITTEN PERMISSION FROM THE ROCKINGHAM COUNTY DEPARTMENT OF PUBLIC HEALTH MAY NULLIFY FINAL APPROVAL AND RESULT IN MY NOT OBTAINING A PERMIT, OR HAVING THE PERMIT SUSPENDED OR REVOKED AFTER IT IS ISSUED.

Signature of Applicant: _____

Print Name: _____ **Date:** _____

Complete this application and mail it to arrive at the Rockingham County Division of Public Health at least 15 calendar days prior to the event date. Mail To:

Rockingham County Division of Public Health
Environmental Health Section
PO BOX 204
Wentworth, NC 27375
Phone: (336)342-8130
Fax: (336)342-8245

THIS SECTION IS FOR USE BY ROCKINGHAM COUNTY HEALTH DEPARTMENT STAFF

Approval of these plans and specifications by the Rockingham County Division of Public Health does not indicate compliance with any other code, law or regulation that may be required - federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state rules governing food service establishments.

PLANS APPROVAL BY: _____ DATE: _____

EHS COMMENTS:

DATE:

TIME:

EHS:

TEMPORARY FOOD ESTABLISHMENT APPLICATION – Foods Being Served and Methods of Preparation

[illegible]

*List ingredients and methods of preparation on a separate sheet and attach to this application.